

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

37742-a

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 787

Township Meramec

Primary Registration District No. 6032

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. P. Wm. Haussels St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ✓ mos. ✓ ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Louisa Schupp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5th 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
77 7 21

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation. 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. Mo.  
(STATE OR COUNTRY)

13. NAME Karl Haussels

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Carl Haussels  
(ADDRESS) Sherman Mo.

18. BURIAL, CREMATION, OR REMOVAL St. John Luth. Cem.  
PLACE Ellisville Mo. DATE Dec 2 1933

19. UNDERTAKER Schrader Fun. Home  
(ADDRESS) Ballwin Mo.

20. FILED 4-4 1934 R. J. Fire Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1933, to Nov 29 1933

I last saw him alive on Nov 29 1933 Death is said

to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
hypertrophy of prostate  
separate pneumonia

Other contributory causes of importance:

Chronic bronchitis  
old hemiplegia (Rt.)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chem. Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Henry Seest, M. D.

(Address) Ballwin, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

